


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 DEC 30 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership CI JOHNSON CITY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000000406			
Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET, SUITE E BROOKFIELD WI 53005		Principal Office Address 100 SOUTH DIXIE HIGHWAY, SUITE 1004 CORAL GABLES FL 33146		3. Date Formed or Registered 02/14/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Two Datran Center, Ste. 1528 Suite, Apt. #, etc. 9130 S. Dadeland Blvd. City & State Miami, FL Zip Country 33156 USA		3a. Date of Last Report 4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$5,000.00	
				5b. Amount of Capital Contributions in FL or FLIDA to date: \$5,000.00	
				6. FEI Number 39-1878551	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CI JOHNSON CITY, INC. 100 SOUTH DIXIE HIGHWAY, SUITE 1004 CORAL GABLES FL 33146		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Two Datran Center, Ste. 1528 Suite, Apt. #, etc. 9130 S. Dadeland Blvd. City Miami	
		State FL	
		Zip Code 33156	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) CI JOHNSON CITY, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3315 NORTH 124TH STRE	11b. City, State & Zip Code BROOKFIELD WI 53005	11c. Registration/Document Number P97000011139
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******156.25 ****156.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

By: **CI Johnson City, Inc.**
Michelle M. Nennig

Typed or Printed Name of General Partner Signing Form

DATE **12/23/97**

Daytime Telephone Number **414-781-8760**

CP25003 (6/97)